

TO THE DURHAM COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as _____ (Name of Office)
 District 31, in the Libertarian Party Primary Election scheduled for July 20, 2004*.
 (Name of Political Party)
 I certify that I am now registered on the _____

I further certify that I have not changed my political party affiliation within the past ninety (90) days, nor have I changed from "unaffiliated" status to my current affiliation within the past ninety (90) days.

1413 Ed Cook Rd
Residence Address

Residence Address
Durham, NC, 27703
City, State, Zip

June

Mailing Address

City, State, Zip

Michael P. Owen

Name as it will appear on Ballot _____

Signature of Candidate

Signature of Candidate

(919) 272-4842 Same
Home Telephone Work Telephone

Home Telephone

Work Telephone

mcwren@ncrr.com
Email Address

Email Address

I hereby certify that Michael P. Owen the candidate who signed above, personally appeared
(Name as it will appear on Ballot)
before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her
signature to be the same.

This 7th day of July, 2004.

Signature of Certifying Officer

Signature of Certifying Officer


My commission expires: Dec 11, 2004

Title of Certifying Officer

The undersigned has examined the voter registration records in Duchenne County and found Michael P. Quinn to be a registered voter, affiliated with the L. bertarian Party and that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

De Long _____
County

May 7, 2001
Date


Chairman or Director

Statement of Organization - Candidate Committee

Amendment

☐ Yes ☐ No

1. Committee Information		c. ID Number	
a. Full Name Owen for House 31			
b. Mailing Address (include City, State and Zip Code) 1413 Ed Cook Rd. Durham, NC 27703		d. Date Organized	
		e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Michael Parker Owen		c. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) 1413 Ed Cook Rd. Durham, NC 27703		d. Party Affiliation	
		f. Jurisdiction 31	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Michael Parker Owen		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 1413 Ed Cook Rd. Durham, NC 27703		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 272-4842		d. Email Address mowen@nc-rr.com	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name Wachovia	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Finance	
c. Phone Number		c. Code	
d. Email Address		d. Type Checking	
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
<u>Michael P Owen</u> Printed Name of Signer		<u>Liliana P. Owen</u> Signature of Appointed Treasurer	
		<u>5-7-2004</u> Date	



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

Michael P. Owen

Treasurer Name:

Michael P. Owen

Treasurer Address:

1413 Ed Cook Rd

(include city, state, & zip)

Durham, NC 27703

Treasurer Phone:

(919) 272-4842

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

5-7-2004
Date Signed

Michael P. Owen
Signature of Candidate



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
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Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

5-7-2004
Date Signed

Michael P. Underwood
Signature

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information				c. ID Number
a. Full Name <u>Owen for House 31</u>				
b. Mailing Address (include City, State and Zip Code) <u>1413 Ed Cook Rd.</u> <u>Durham, NC 27703</u>				d. Date Filed <u>5-7-2004</u>
				e. Phone Number <u>272-4442</u>
2. Report Year <u>2004</u>	3. Period Start Date (mm/dd/yyyy) <u>5-7-2004</u>	4. Period End Date (mm/dd/yyyy) <u>5-7-2004</u>	5. Treasurer Full Name <u>Michael Parker Owen</u>	
6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		Referendum
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		9. Special Report Name		
<input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
10. Account Information		10. Account Information		
a. Financial Institution Full Name <u>Wachovia</u>		a. Financial Institution Full Name		
b. Purpose <u>Campaign Finance</u>	c. Code	b. Purpose	c. Code	
	d. Period Begin Balance <u>\$ 0.00</u>		d. Period Begin Balance <u>\$</u>	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Michael P. Owen
 Printed Name of Signer

Michael P. Owen
 Signature of Appointed Treasurer

5-7-2004
 Date

FOR OFFICE USE ONLY

Date Received: _____
 Date Postmarked: _____
 Date Scanned: _____

Employee: _____
 Employee: _____
 Employee: _____

Delivery Method

☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Amendment
☐ Yes ☒ No

Detailed Summary

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Owen for House 31		Organizational	
Start of Election Cycle: January 1, 2004		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 207	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$
13) TOTAL RECEIPTS		\$ 207	\$
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)			
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 207	\$
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
14c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES		\$	\$
(Add lines 14a, 14b, 14c, 15, 16, and 17)			
19) Cash on Hand at End		\$ 0	\$
(Add lines 4 and 13 together, then subtract line 18)			
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum		\$	\$

Contributions from Individuals

Pg ____ of ____

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) Owen for House 31						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Michael Owen 1413 Ed Cook Rd Durham, NC 27703				b. Job Title/Profession Asst. Professor		d. Comments	
				c. Employer's Name/Specific Field UNCP			
				e. Election Cycle Sum to Date \$ 207			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		checking		5-7-2004	\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date \$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date \$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 207	

Disbursements

Pg ____ of ____

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) Owen for House 31				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Durham County Board of elections, Durham 706 W. Corporation 27301			c. Level Registered (Specify)		e. Election Cycle Sum to Date \$ 207
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Cycle Sum to Date \$
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Cycle Sum to Date \$
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page					\$
6. Total of ALL CRO-1310 Pages					\$ 207
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

CRO-1310

NC State Board of Elections

March 2003